

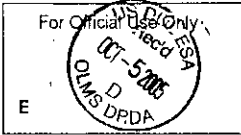
**AMENDED
FORM LM-30**

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMENDED

| | | | |
|---|--|---|--|
| 1. File Number U - <u>12442</u> | | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u> | |
| 3. Name and address of person filing. Name <u>WALTER H CAMPBELL</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>544 MAIN STREET</u> City <u>CHARLESTOWN</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02129</u> | | 4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL 25</u> Labor Organization File Number <u>033-335</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>544 MAIN STREET</u> City <u>CHARLESTOWN</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02129</u> | |
| 5. Position in labor organization. <u>BUSINESS AGENT</u> | | | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

| | |
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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u> | 7. a. Nature of Interest, Transaction, or Income. <u></u> 7. b. Amount. <u></u> |

Signature

| | | | |
|--|----------------|----------------------|-----------------------|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | |
| Signed <u>[Signature]</u> | AMENDED | On <u>09/29/2005</u> | <u>(617) 241-8825</u> |
| | | Date | Telephone Number |

7099 3400 0010 2468 9059

AMENDED

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| Name of Person Filing WALTER CAMPBELL | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name M. S. WALKER, INC.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 20 THIRD AVENUE</p> <p>City SOMERVILLE</p> <p>State Massachusetts ZIP Code + 4 02143</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>THE COMPANY HAS A COLLECTIVE BARGAINING AGREEMENT WITH THE LOCAL COVERING SOME OF ITS EMPLOYEES.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>WALTER CAMPBELL'S MINOR CHILD (SON) WAS EMPLOYED BY THE COMPANY DURING JUNE, JULY AND AUGUST 2004. HIS MINOR CHILD'S 2004 WAGES FROM THE COMPANY WERE \$5,257.</p> <p>12.b. Amount. \$5,257</p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> |

AMENDED

Name of Person Filing WALTER CAMPBELL

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name: NEW ENGLAND TEAMSTERS FEDERAL CREDIT UNION</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any: P. O. BOX 1498</p> <p>Street: 23 BROADWAY</p> <p>City: ARLINGTON</p> <p>State: Massachusetts ZIP Code + 4: 02474-0072</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name:</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street:</p> <p>City:</p> <p>State: ZIP Code + 4:</p> | <p>11.a. Nature of such dealing.</p> <p>WALTER H. CAMPBELL IS A CREDIT UNION SUPERVISORY COMMITTEE MEMBER. AS SUCH, HE IS REQUIRED TO ATTEND BOARD OF DIRECTORS MEETINGS.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>MEAL CONNECTED WITH ATTENDANCE AT THE BOARD OF DIRECTORS MEETING ON 01/14/04 - \$89.</p> <p>12.b. Amount.</p> <p>\$89</p> |

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